

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/646,294-Conf. #9323	
	Filing Date	August 22, 2003	
	First Named Inventor	Bjarne D. Larsen	
	Art Unit	1646	
	Examiner Name	Not Yet Assigned	
Total Number of Pages in This Submission		Attorney Docket Number	56422CON(45487)

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address (5 items) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input checked="" type="checkbox"/> CD, Number of CD(s) <u>1</u> <div style="border: 1px solid black; width: 100px; height: 40px; margin: 5px auto;"></div> Landscape Table on CD <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto; text-align: center;">Remarks</div>	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard Sequence Listing Statement of Sequence Listing Substitute Specification (marked) Substitute Specification (unmarked) Statement of Substitute Specification Certificate of Express Mailing Petition for Extension of Time
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	EDWARDS & ANGELL, LLP		
Signature			
Printed name	Kathryn A. Piffat, Ph.D.		
Date	December 23, 2004	Reg. No.	34,901

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV517930998US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: December 23, 2004

Signature:

(Judy Daley)

**AMENDMENT TRANSMITTAL LETTER**Docket No.
56422CON(45487)Application No.
10/646,294-Conf. #9323Filing Date
August 22, 2003Examiner
Not Yet AssignedArt Unit
1646

Applicant(s): Bjarne D. Larsen et al.

Invention: MEDICAL USES OF INTERCELLULAR COMMUNICATION FACILITATING COMPOUNDS

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	33	- 20 =	13	x 50.00	650.00
Independent Claims	18	- 3 =	15	x 200.00	3,000.00
Multiple Dependent Claims (check if applicable) <input checked="" type="checkbox"/>					360.00
Other fee (please specify): Extension for response within fourth month Search/Exam/Filing Fees; Late Fee					1,590.00
					1,130.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					6,730.00

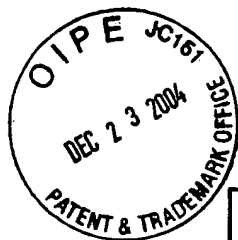
☒ Large Entity☐ Small Entity☐ No additional fee is required for this amendment.☒ Please charge Deposit Account No. 04-1105 in the amount of \$ 6,730.00.
A duplicate copy of this sheet is enclosed.☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge and credit Deposit Account No. 04-1105
as described below. A duplicate copy of this sheet is enclosed.☒ Credit any overpayment.☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.Kathryn A. Piffat, Ph.D.
Attorney Reg. No.: 34,901Dated: December 23, 2004EDWARDS & ANGELL, LLP
P.O. Box 55874
Boston, Massachusetts 02205
(617) 439-4444

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PTO/SB/17 (12-04v2)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2005		Application Number	10/646,294-Conf. #9323
		Filing Date	August 22, 2003
		First Named Inventor	Bjarne D. Larsen
		Examiner Name	Not Yet Assigned
		Art Unit	N/A
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	56422CON(45487)
TOTAL AMOUNT OF PAYMENT (\$) 1,130.00			

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>04-1105</u> Deposit Account Name: <u>Edwards & Angell, LLP</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	1,000.00
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description						Small Entity	
						Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
33	- 33 =	x	=	Fee (\$)	Fee Paid (\$)		
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
18	- 18 =	x	=				
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
	- 100 =	/50	(round up to a whole number) x	=			
4. OTHER FEE(S)							
							Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1051 Surcharge-Late filing fee							130.00

SUBMITTED BY			
Signature	<u>Kathryn A. Piffat, Ph.D.</u>	Registration No. (Attorney/Agent)	34,901
Name (Print/Type)	Kathryn A. Piffat, Ph.D.	Telephone	(617) 439-4444
		Date	December 23, 2004

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Dated: December 23, 2004	Signature: <u>Judy Daley</u> (Judy Daley)